

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kurt Holm
Patent No.: 7,218,707 B2
Issued: May 15, 2007
Serial No. 10/526,908
For: High-Voltage Vacuum Tube
Examiner: Courtney Thomas
Confirmation No.: 7855
Attorney Docket No.: 7396.3006.001

FILING EFS-Web

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

ATTENTION: Refund Section, Accounting Division, Office of Finance

**REQUEST FOR REFUND
(37 C.F.R. § 1.211 (e))**

I. SUBMISSION OF SMALL ENTITY ASSERTION

(a) ☐ Attached is an assertion of small entity status in this application.

II. REFUND REQUEST

This request for refund is made within two months of the date the fee was charged in this application on **August 4, 2010** to Reising Ethington Deposit Account 50-0852.

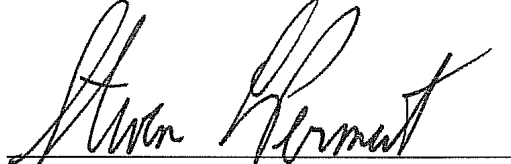
The Patent Office erroneously charged the Reising Ethington Deposit Account \$100.00 for a Certificate of Correction when all errors in the Certificate of Correction were due to the U.S. Patent and Trademark Office printing errors and no fee should have been charged.

III. FEE PAID FOR WHICH REFUND REQUESTED	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> Filing Fee	\$ _____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. § 1.16 (I)).	\$ _____
or	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16 (e)).	\$ _____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the provisional application (37 C.F.R. § 1.51 (c)(1) and 37 C.F.R. § 1.16 (I)).	\$ _____
or	
<input type="checkbox"/> Surcharge for filing the cover sheet on a date later than the filing date of the provisional application (37 C.F.R. § 1.51 (c)(1) and 37 C.F.R. § 1.16 (I)).	\$ _____
<input type="checkbox"/> Extension of Term	\$ _____
<input type="checkbox"/> Issue Fee	\$ _____
<input type="checkbox"/> Patent Maintenance Fee	
<input type="checkbox"/> First Maintenance Fee	\$ _____
<input type="checkbox"/> Second Maintenance Fee	\$ _____
<input type="checkbox"/> Third Maintenance Fee	\$ _____
<input type="checkbox"/> Patent Maintenance Fee Surcharge	\$ _____
<input checked="" type="checkbox"/> Other - Certificate of Correction – errors were USPTO's errors – should have been a \$0.00 charge	\$ <u>100.00</u>
TOTAL REFUND REQUESTED	\$ <u>100.00</u>

IV. MANNER OF REFUND

Please make refund by crediting:

- ☒ Deposit Account No. 50-0852.
- ☐ Credit Card as shown on the attached credit card information authorization form PTO-2038.
- ☐ Refunding Overpayment.


Signature of Practitioner

Registration No.: 28,388

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(type or print name of practitioner)

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Dated: September 21, 2010